

_____ Plaintiff	*	IN THE
	*	CIRCUIT COURT
v.	*	FOR
	*	
_____ Defendant	*	_____ Civil No.:
	*	
* * * * *	* *	* * * *

ORDER TO WITHHOLD INCOME FOR CHILD SUPPORT

☐Original ☐Amended ☐Termination Date: _____

State of Maryland

Co./City of _____

Case Number _____

_____ Employer's/Withholder's Name	RE: _____ Employee's/Obligor's Name (Last, First, MI)
_____ Employer's/Withholder's Address	_____ Employee's/Obligor's Social Security Number
_____ _____ _____ Employer/Withholder's Federal EIN Number (if known)	_____ Employee's/Obligor's Case Identifier
	_____ Obligor Name (Last, First, MI)

ORDER INFORMATION: This document is based on the support order from _____.

You are required by law to deduct these amounts from the employee's/obligor's income until further notice.

\$ _____	Per _____	current child support	Arrears as of this date: \$ _____.
\$ _____	Per _____	past-due child support	- Arrears 12 weeks or greater? <input type="checkbox"/> yes <input type="checkbox"/> no
\$ _____	Per _____	current cash medical support	
\$ _____	Per _____	past-due cash medical support	
\$ _____	Per _____	spousal support	
\$ _____	Per _____	past-due spousal support	
\$ _____	Per _____	other (specify) _____	

for a total of \$ _____ per _____ to be forwarded to the payee below.

You do not have to vary your pay cycle to be in compliance with the support order. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:

\$ _____ per weekly pay period.
 \$ _____ per semimonthly pay period (twice a month).
 \$ _____ per biweekly pay period (every 2 weeks).
 \$ _____ per monthly pay period.

REMITTANCE INFORMATION: When remitting payment, provide the pay date/date of withholding and the case identifier. If the employee's/obligor's principal place of employment is Maryland, begin withholding no later than the first pay period occurring after the date of this order. Send payment within seven (7) working days of the pay date/date of withholding. The total withheld amount, including your fee, cannot exceed the limits set forth in #9 below.

IMPORTANT: The person completing this form is advised that the information on this form may be shared with the obligor.

If the employee's/obligor's principal place of employment is not Maryland, for limitations on withholding, applicable time requirements, and any allowable employer fees, follow the laws and procedures of the employee's/obligor's principal place of employment (see #3 and #9, ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS).

If remitting payment by EFT/EDI, call 1-800-332-6347 before first submission.

Make check payable to: Maryland Child Support Account Send check to: PO Box 17396, Baltimore, MD 21297-1396. Include Payee name and Case Identifier or Social Security Number on the check.

Date: _____

JUDGE

Recommended Order:

Master

ADDITIONAL INFORMATION TO EMPLOYERS AND OTHER WITHHOLDERS

☐ If checked, you are required to provide a copy of this form to your employee. If your employee works in a state that is different from the state that issued this order, a copy must be provided to your employee even if the box is not checked.

1. **Priority:** Withholding under this Order/Notice has priority over any other legal process under state law against the same income. If there are federal tax levies in effect, please contact the State Child Support Enforcement Agency or party listed in number 10 below.
2. **Combining Payments:** You may combine withheld amounts from more than one employee's/obligor's income in a single payment to each agency/party requesting withholding. You must, however, separately identify the portion of the single payment that is attributable to each employee/obligor.
3. **Reporting the Paydate/Date of Withholding:** You must report the paydate/date of withholding when sending the payment. The paydate/date of withholding is the date on which the amount was withheld from the employee's wages. You must comply with the law of the state of employee's/obligor's principal place of employment with respect to the time periods within which you must implement the withholding order and forward the support payments.
4. **Employee/Obligor with Multiple Support Withholdings:** If there is more than one Order or Notice against this employee/obligor and you are unable to honor all support Orders or Notices due to federal, state or tribal withholding limits, you must follow the state or tribal law/procedure of the employee's/obligor's principal place of employment. You must honor all Orders or Notices to the greatest extent possible. (See 9 below.)
5. **Termination Notification:** You must promptly notify the Child Support Enforcement (IV-D) Agency and/or the contact person listed below when the employee/obligor no longer works for you. Please provide the information requested and return a complete copy of this Order or Notice to the Child Support Enforcement (IV-D) Agency and/or contact person listed below (See 10 below).

THE EMPLOYEE/OBLIGOR NO LONGER WORKS FOR: _____

EMPLOYEE'S/OBLIGOR'S NAME: _____ **CASE IDENTIFIER:** _____

DATE OF SEPARATION FROM EMPLOYMENT: _____

LAST KNOWN HOME ADDRESS: _____

NEW EMPLOYER/ADDRESS: _____

IMPORTANT: The person completing this form is advised that the information on this form may be shared with the obligor.

6. **Lump Sum Payments:** You may be required to report and withhold from lump sum payments such as bonuses, commissions, or severance pay. If you have any questions about lump sum payments, contact the child Support Enforcement (IV-D) Agency.
7. **Liability:** If you have any doubts about the validity of the Order or Notice, contact the agency or person listed below under 10. If you fail to withhold income as the Order or Notice directs, you are liable for both the accumulated amount you should have withheld from the employee's/obligor's income and any other penalties set by state or tribal law/procedure.
8. **Anti-discrimination:** You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against any employee/obligor because of a child support withholding.
9. **Withholding Limits:** For state orders, you may not withhold more than the lesser of: 1) the amounts allowed by the Federal Consumer Credit Protection Act (15 U.S.C. § 1673(b)); or 2) the amounts allowed by the state of the employee's/obligor's principal place of employment. The Federal limit applies to the aggregate disposable weekly earnings (ADWE). ADWE is the net income left after making mandatory deductions such as: State, Federal, local taxes, Social Security taxes, statutory pension contributions, and Medicare taxes. The Federal CCPA limit is 50% of the ADWE for child support and alimony, which is increased by 1) 10% if the employee does not support a second family; and/or 2) 5% if arrears greater than 12 weeks.
For tribal orders, you may not withhold more than the amounts allowed under the law of the issuing tribe. For tribal employers who receive a state order, you may not withhold more than the amounts allowed under the law of the state that issued the order.

Child(ren)'s Names and Additional Information: _____

10. If you or your employee/obligor have any questions, contact: Child Support Enforcement Administration by telephone at 1-800-332-6347.